

	::::::::::::::::::::::::::::::::::::::	(:(: lou (!formania					l			
F	ill in this inforn	nation to	dentify your case:								
	Debtor 1	David First Name	Middle Name		Corbett Last Name			۵.			
	Dahtar 0	i iist ivailie	Wildale Name		Lastivanic			Che	ck if this is:		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name		Last Name			Ø	An amended filing		
	United States Bank	ruptcy Court	for the: EASTERN D	IST. O	F PENNS	LVA	ANIA		A supplement showing postpetition chapter 13 income as of the following date:		
	Case number (if known)	16-14836	6-AMC			_			MM / DD / YYYY		
Of	ficial Form 10)6I							WWW.7 DD 7 TTTT		
_	chedule I: Yo		ma						12/15		
res incl abo	ponsible for suppl lude information a out your spouse. I	ying correct bout your sp f more spac	t information. If you are pouse. If you are separ	e marri ated a eparate	ed and not nd your spo sheet to th	filing ouse	jointly, and is not filing v	your with y	I Debtor 2), both are equally spouse is living with you, ou, do not include information any additional pages, write		
Р	art 1: Descr	ibe Emplo	yment								
1.	Fill in your emploinformation.	Fill in your employment nformation.			Debtor 1				Debtor 2 or non-filing spouse		
	If you have more in job, attach a sepa	rate page	Employment status	✓ Employed Not employed					☐ Employed		
	with information a additional employ		Occupation	ш	Not employ	z u			☐ Not employed		
	Include part time	coaconal	Occupation						_		
	Include part-time, or self-employed		Employer's name						_		
	Occupation may in student or homem applies.		Employer's address	Numb	per Street				Number Street		
									-		
				City			State Zip C	ode	City State Zip Code		
			How long employed to	here?							
P	art 2: Give I	Details Ah	out Monthly Incom								
			•		ou have noth	ing to	report for ar	ny line	, write \$0 in the space. Include your		
	-filing spouse unles	,	•								
			e more than one employ arate sheet to this form.	er, com	nbine the inf	ormat	tion for all em	ploye	rs for that person on the lines below. If		
							For Debtor	1	For Debtor 2 or non-filing spouse		
2.			alary, and commissions d monthly, calculate what			2.	\$	0.00			
3.	Estimate and list	monthly ov	ertime pay.			3.	+\$	0.00			
4.	Calculate gross i	income. Ad	d line 2 + line 3.			4.	\$	0.00			

Official Form 106I Schedule I: Your Income page 1

Debt	David Corbett		Case nur	nber (if k	(nown) <u>16</u> -	-14836-AM	iC .
			For Debtor 1		ebtor 2 or iling spouse	;	
	Copy line 4 here	→ 4.	\$0.00			_	
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00				
	5b. Mandatory contributions for retirement plans	5b.	\$0.00				
	5c. Voluntary contributions for retirement plans	5c.	\$0.00				
	5d. Required repayments of retirement fund loans	5d.	\$0.00				
	5e. Insurance	5e.	\$0.00				
	5f. Domestic support obligations	5f.	\$0.00				
	5g. Union dues	5g.	\$0.00				
	5h. Other deductions. Specify:	5h.	+\$0.00				
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f - 5g + 5h$.	+ 6.	\$0.00				
7.	Calculate total monthly take-home pay. Subtract line 6 from line	4. 7.	\$0.00				
8.	List all other income regularly received:						
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00				
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	_			
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00				
	8e. Social Security	8e.	\$0.00				
	8f. Other government assistance that you regularly receive						
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify:	8f.	\$0.00				
	8g. Pension or retirement income	8g.	\$0.00				
	8h. Other monthly income.						
	Specify: See continuation sheet	8h.,	+\$2,294.00				
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h	n. 9.	\$2,294.00				
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$2,294.00	+		= \$2,	294.00
11.	State all other regular contributions to the expenses that you list in Include contributions from an unmarried partner, members of your house	Sched		ır roomm	ates, and otl	ner	
	friends or relatives. Do not include any amounts already included in lines 2-10 or amounts to	that are	not available to nav	vpopeo	s listed in Sc	hodulo I	
	•	inal arc	not available to pay t	эхропос.		ricadic 0.	# 0.00
	Specify:				11.	+	\$0.00
	Add the amount in the last column of line 10 to the amount in line 1 income. Write that amount on the Summary of Your Assets and Liabilit						294.00
	if it applies.		Combine monthly				
13.	Do you expect an increase or decrease within the year after you file	e this fo	orm?				
	☐ No. The Debtor has recently obtained a drivers						
	Yes. Explain: Debtor will also be obtaining a roomate wh				Debtor also	has a per	nding
	Social Security Disability Claim, which may	y provi	de additional inco	me.			

Debtor 1	David Corbett	Case nu	16-14836-AMC		
			For Debtor 1	For Debtor 2	- -
8h. Othe	r Monthly Income (details)			non-ming sp	ouse
Inco	me Contribution (cousin)		\$1,500.00		
SNA	P Benefits		\$194.00		
Inco	me Contrinution (mother)		\$600.00		
		Totals	\$2,294.00		

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